

Conclusion: The COVID-19 pandemic significantly influenced ADHD medication use in Portugal, leading to a increased consumption, particularly of lisdex-amfetamine. This suggests shifts in treatment approaches, possibly due to drug availability, heightened awareness, diagnostic practices, or changes in educational and healthcare settings. These findings underscore the importance of adapting ADHD treatment strategies to meet evolving needs in the post-pandemic era. Insights from this analysis can guide healthcare providers and policymakers in optimizing ADHD management.

<https://doi.org/10.1016/j.sapharm.2025.02.047>

Pharmacists' role in multidisciplinary pain management teams in primary care: A relational approach to team dynamics

Nicole Ljungdahl^{1,2}, Frederick Ameyaw Ahen^{1,2}, Sofia Källemark-Sporrong^{1,2}, Thomas Kempen^{3,1}

¹ Uppsala University, Sweden; ² Region Uppsala, Sweden; ³ Utrecht University, the Netherlands

Background: Team-based, person centered care enhances better patient outcomes. However, the interactive role of pharmacists as important members of primary healthcare teams is a novelty in Sweden. This means that their precise role is not yet clear, and moreover, that they tend to operate in isolation from other professionals. The hierarchized nature of primary health care teams implies that physicians traditionally have the final say about medicines. Hence, we wanted to explore how the relational and structural conditions influence the pharmacist's role in fostering effective teamwork and ultimately contribute to better patient outcomes in a team working with pain management in primary care.

Purpose: This study aims to explore the interactions between the pharmacist's and other clinicians, and patient in a team-based care management in primary care.

Method: Data was collected from team conversations between patient, pharmacist, physician, psychologist, physiotherapist, and case manager. The conversations were observed and audio-recorded. Data comprises 62 pages of transcriptions and in addition observers' notes. In this preliminary analysis, data were analyzed with thematic analysis informed by a modified version of the conceptual frame- work by Reeves et al. (2010) along with the theory of power dynamics in teams. The data analysis focused on how the pharmacist interacted with the team, emphasizing factors such as professional power, hierarchy, team roles, and team processes.

Preliminary findings: Three multidisciplinary team conversations were observed, involving four patients. Pharmacist interactions primarily involved physician and patient, but was also extended to psychologist, whose opinions could influence the process. Pharmacists demonstrated expertise and professional authority by independently suggesting treatment approaches, while recognizing the physician's leading role. Patients often displayed trust in the pharmacists by engaging in discussions with them about their care and seemingly valuing their expertise. Pharmacists sought approval for specific topics and deferred decisions to physicians, who in turn fostered collaboration by validating colleagues' contributions and delegating responsibilities to the pharmacists. Pharmacists adopted a holistic approach, acknowledging broader care responsibilities and stepping back when another professionals' expertise was more relevant.

Conclusions: This study highlights how pharmacists balance professional authority and collaboration to increase patient outcomes. By providing expertise and adopting a holistic approach, pharmacists actively contribute to treatment planning while respecting the leadership of physicians and the expertise of other professionals.

Reference

Reeves, S. Lewin, S. Espin, S. Zwarenstein, M. (2010). *Interprofessional Teamwork for Health and Social Care* (1th edition). John Wiley & Sons. ProQuest Ebook Central - Book Details

<https://doi.org/10.1016/j.sapharm.2025.02.045>

Pharmacotherapy Optimisation for Nursing Home Residents: A Multidisciplinary Team Approach

Dora Belec^{1,*}, Iva Bužančić², Ksenija Arbanas Kovačević³, Maja Ortner Hadžiabdić¹, Nenad Bogdanović⁴, Slaven Falamić⁵

¹ University of Zagreb Faculty of Pharmacy and Biochemistry; ² City Pharmacies Zagreb; ³ Health Center Zagreb—Centar; ⁴ Karolinska Institutet and Karolinska University Hospital; ⁵ University of Osijek Faculty of Medicine

* Corresponding author:

E-mail address: dora.belec@pharma.unizg.hr (D. Belec).

Background: In older adults, the presence of comorbidities and geriatric syndromes, along with exposure to polypharmacy and potentially inappropriate medications, represents a significant risk for poorer treatment outcomes. This is particularly evident among residents of long-term care facilities, highlighting the necessity of optimising their therapy. However, the need for specialised staff and the high workload healthcare professionals face in care homes pose challenges to routine review and therapy optimisation.

Purpose (research question): This study aims to implement a pilot project to optimise the therapy of care home residents by involving a multidisciplinary team (pharmacists, general practitioners, geriatricians, and nurses).

Method/study design: A comprehensive geriatric assessment was conducted based on patient interviews, medical documentation, the best possible medication history, and laboratory and physiological measurements. The pharmacist proposed a therapy optimisation plan, which was presented to and agreed upon by the multidisciplinary team for each participant.

Findings: The pilot project included 21 participants (mean age 85.27 ± 9.62 years, 85.71% female, mean duration of stay in care homes 5.15 ± 4.09 years). The geriatric assessment revealed the presence of frailty (Rockwood Frailty Scale score 6.3 ± 1.9 [normal <4]), sarcopenia (SARC-F score 6.1 ± 2.8 [normal ≤4]), depression (Geriatric Depression Scale score 6.1 ± 4.4 [normal ≤4]), and cognitive impairment (Mini-Cog score 1.4 ± 1.4 [normal ≥4]). Higher scores on the Geriatric Depression Scale positively correlated with Rockwood Frailty Scale scores (r=0.45; p=0.04).

Recommendations included 39 medication discontinuations (9 benzodiazepines and benzodiazepine-like drugs, 6 proton pump inhibitors, 11 antihypertensives, 7 analgesics, and 6 from other groups), 5 dose reductions with an average reduction of 50%, 34 medication initiations (primarily vitamin supplements and paracetamol as a substitute for discontinued analgesics), and 11 initiations of enteral nutrition.

Conclusion: This pilot project underscores the importance of a multidisciplinary approach in optimising therapy for older adults. It highlights the need for further research in geriatric medicine and pharmacotherapy and the integration of pharmacists into healthcare teams caring for this population.

<https://doi.org/10.1016/j.sapharm.2025.02.046>

Development of a Core Outcome Measurement Set (COMS) for community pharmacist-led medication review studies: Preliminary findings

Cathrin J. Vogt^{1,*}, Christiane Eickhoff², Veerle Foulon³, Carmel Hughes⁴, Jens Kessler⁵, Henk-Frans Kwint⁶, Marianne Lea⁷, Cinara Paul⁸, Cristin Ryan⁹, Martin Schulz^{10,2}, Martina Teichert¹¹, Ronja Woltersdorf¹², Viktoria S. Wurmbach¹, Hanna M. Seidling¹

¹ Heidelberg University, Medical Faculty Heidelberg / Heidelberg University Hospital, Medical Clinic, Internal Medicine IX –Department of Clinical Pharmacology and Pharmacoepidemiology, Cooperation Unit Clinical Pharmacy Germany;

² Department of Medicine, ABDA-Federal Union of German Associations of Pharmacists, Berlin, Germany; ³ Department of Pharmaceutical and Pharmacological Sciences, KU Leuven, Belgium; ⁴ School of Pharmacy, Queen's University Belfast, Belfast, Northern Ireland; ⁵ Medical Faculty Heidelberg, Department of Anaesthesiology, Pain Medicine Section, Heidelberg University, Heidelberg, Germany; ⁶ SIR Institute for Pharmacy Practice and Policy, Leiden, the Netherlands; ⁷ Department of Pharmacy, Section for Pharmacology and Pharmaceutical Biosciences, University of Oslo, Oslo, Norway; ⁸ Department of General Internal Medicine and Psychosomatics, University Hospital Heidelberg, Heidelberg, Germany; ⁹ School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Republic of Ireland; ¹⁰ Institute of Pharmacy, Freie Universität Berlin, Berlin, Germany; ¹¹ Department Research and Development, Royal Dutch Association for the Advancement of Pharmacy, The Hague, The Netherlands; ¹² Department of Clinical Pharmacy, Institute of Pharmacy, University of Bonn, Bonn, Germany

* Corresponding author:

E-mail address: cathrin.vogt@med.uni-heidelberg.de (C.J. Vogt).